

Pre-Bid Conference Questions and Answers #3
Medicaid Hospital Claims Audit Contractor
MDH/OPASS 19-18604

June 13, 2018

Question 1: Will the selected contractor(s) receive a base fee (compensation for efforts to recover cost for the state)?

Response: This contract is a contingency fee-based contract which means that the Contractor will receive no compensation unless recovery from the provider has been made.

Question 2: Also, what is the base fee (compensation) the selected contractor(s) may recover for their efforts?

Response: N/A

Question 3: How many contracts will be awarded?

Response: There will only be one awarded contract.

Question 4: Since some data has likely already been reviewed and adjusted, will the data to be received contain the source, amount, status, and reason for the adjustment?

Response: The claims data supplied to the Contractor will not contain this information. If needed, the Department will retrieve it for the Contractor.

Question 5: How soon after contract award will the Department be able to send usable data? What is the intended number of claims to be sent?

Response: The Contractor will have access to the data supplied by the Department after the Go-Live Date. The number of claims is unknown at this time.

Question 6: Does 2.3.4 F4 mean that the Department, by supplying the claim history, has agreed that the Contractor can request those medical records without further need for Department approval to do so?

Response: The Contractor must identify the name(s) of the provider that will be audited, to the Contract Monitor, prior to the audit and may request those records within the limits of the contract.

Question 7: Is the Provider obligated to supply medical records without cost to the Contractor as is done in Federal Medicare RAC contracts?

Response: The Provider will supply the Contractor the requested medical records at

no cost via the web-based portal.

Question 8: Will the Department be supplying a list of Providers that are ineligible for audit? Alternatively, will the Department remove those claims from the data before sending to the Contractor?

Response: The Contractor must identify to the Contract Monitor the name of the provider(s) to be audited prior to the audit. At that time, the Contract Monitor will advise the Contractor of any provider that is not eligible to be audited.

Question 9: Please clarify if the Contractor contingency fee is paid by the provider. If so, will the Department be obligated to pursue this higher recovery amount?

Response: The contingency fees will be paid by the State out of what is recovered.

Question 10: Notwithstanding 2.3.4 C3 and C4, why would the Department want the right to limit claim reviews?

Response: The limitations will ensure the provider is not overburden during the audit.

Question 11: Can the Contractor do audits prior to the debut of the web interface?

Response: No. The Contractor may not begin to audit until the Contract Monitor is satisfied that all requirements have been met.

Question 12: Even though the numbers supplied by the Department for the Financial Proposal are not guarantees, has the Department based the numbers on previous history of claims? If not, what is the source for the numbers?

Response: The Department has no previous history of claims for an audit of this type. The numbers in the Financial Proposal are estimates only.